

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NEW YORK

Brian mckeever

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

L.T. Phil Lent  
Nassau University Medical  
Mike Ferrarino

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for Employment  
Discrimination

Case No. CV17 6355

(to be filled in by the Clerk's Office)

Jury Trial:  Yes  No  
(check one)

**BIANCO, J.**

**BROWN, M. J.**

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.

★ NOV 01 2017 ★

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NOV 01 2017

**EDNY PRO SE OFFICE**

**I. The Parties to This Complaint**

**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Brian mckeevlen
Street Address	2506 WALTERS CT
City and County	Bellmore
State and Zip Code	NY 11710
Telephone Number	631-295-6898
E-mail Address	music prod 100@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	NASSAU UNIVERSITY medical center
Job or Title (if known)	
Street Address	Hempstead TPK east
City and County	east meadow
State and Zip Code	NY
Telephone Number	516-572-3131
E-mail Address (if known)	

Defendant No. 2

Name	LT phil Lent
Job or Title (if known)	Lieutenant (public safety)
Street Address	NASSAU UNIVERSITY medical center
City and County	Hempstead TPK east meadow NY
	michael Ferrandino (Director public safety)

State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
(if known) \_\_\_\_\_

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is:

Name Nassau University Medical Center  
Street Address Hempstead Twp  
City and County East Meadow  
State and Zip Code NY  
Telephone Number 516-572-3171

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (*check all that apply*):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- Other federal law (*specify the federal law*):  
\_\_\_\_\_
- Relevant state law (*specify, if known*):  
\_\_\_\_\_
- Relevant city or county law (*specify, if known*):  
\_\_\_\_\_

### **III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

**A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):**

- Failure to hire me.
- Termination of my employment.
- Failure to promote me.
- Failure to accommodate my disability.
- Unequal terms and conditions of my employment.
- Retaliation.
- Other acts (*specify*): \_\_\_\_\_

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

**B. It is my best recollection that the alleged discriminatory acts occurred on date(s)**

*From 9-1-16 TO 2-28-17*

C. I believe that defendant(s) (check one):

is/are still committing these acts against me.  
 is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

race \_\_\_\_\_  
 color \_\_\_\_\_  
 gender/sex \_\_\_\_\_  
 religion \_\_\_\_\_  
 national origin \_\_\_\_\_  
 age. My year of birth is \_\_\_\_\_. (Give your year of birth only if you are asserting a claim of age discrimination.)  
 disability or perceived disability (specify disability)  
\_\_\_\_\_

E. The facts of my case are as follows. Attach additional pages if needed.

Around ~~8-28-16~~ I at the time being a SGT in the public safety dept was asked to write a statement in which I have witnessed Lt. phil lent born in person and on video state he is a Nazi and make the heil Hitler sign and say racist remarks about Black, Jewish, Indian people. He was in uniform and in head quarters. A week later my shift was changed I had to be demoted and I was fined \$100 Dollars taken out of my pay check right before Xmas.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

I was also out on workers comp due to a work related assault that most likely caused animosity from my work place

**IV. Exhaustion of Federal Administrative Remedies**

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

9-20-2016

B. The Equal Employment Opportunity Commission (check one):

has not issued a Notice of Right to Sue letter.  
 issued a Notice of Right to Sue letter, which I received on (date)  
8-2-17

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

60 days or more have elapsed.  
 less than 60 days have elapsed.

**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I have to take a demotion and pay cut  
I was fined \$100 Dollars  
the mental stress has caused me  
to be diagnosed with PTSD  
Due to severe mental stress

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10-31-, 2017

Signature of Plaintiff

Brian mce

Printed Name of Plaintiff

Brian mckeeven